



AUBURN
ADVENTIST
ACADEMY



STUDENT INFORMATION

(Please type or print legibly using blue or black ink. Please see the back of this booklet for a description of the registration process)

Applicant's name in full _____
first middle last

Indicate preferred name or nickname _____

☐ Boarding ☐ Day (student living with parents) ☐ Enrollment date _____
month year

Sex ☐ M ☐ F Ethnic group (optional) _____ Grade entering ☐ 9 ☐ 10 ☐ 11 ☐ 12

Home address _____
street or rural route city

state/province/country zip code/post code () home phone

Email address _____ () cell phone

Date of birth _____ month/day/year Place of birth _____ city state/province/country

U.S. social security number _____ Citizenship _____

Student lives with: ☐ Mother ☐ Father ☐ Guardian

*If there is a legal/custodial guardian give name and relationship

name relationship

Check if appropriate: ☐ Father deceased ☐ Mother deceased ☐ Parents separated
☐ Father remarried ☐ Mother remarried ☐ Parents divorced

Are you a current member of the SDA church? ☐ Yes ☐ No Baptized? ☐ Yes ☐ No

*If yes, please specify your current membership.

name location

Are you a current member of a non-SDA church? ☐ Yes ☐ No

*If yes, please specify which denomination.

School last attended _____ () _____ Grade Last Completed _____
name phone

address

List schools attended:

Eighth grade completed at what school? _____ Grade 9 _____

Date of eighth grade graduation? _____ Grade 10 _____

☐ Public ☐ Independent ☐ Parochial ☐ Other (please specify) _____ Grade 11 _____

Nearest relative's name & address _____ () work phone

_____ () home phone



PERSONAL INFORMATION

Is there any accommodation (medical, physical or other) that the applicant would require in order to meet Auburn Adventist Academy requirements? ☐ Yes ☐ No If yes, please explain:

Presently taking medication? ☐ Yes ☐ No If yes, please list all and explain:

Have you ever been treated for an emotional disorder? ☐ Yes ☐ No If yes, please explain:

Auburn Adventist Academy promotes and expects a drug-free school environment for all enrolled students. With this stated position, an applicant will be expected to take a drug test if he/she is in the presence of illegal substances, possession or usage of such should they wish to continue in attendance at Auburn Adventist Academy (attendance will not be guaranteed). The testing must be taken immediately upon request.

Have you used any of the following within the past 18 months? Alcohol ☐ Yes ☐ No Marijuana ☐ Yes ☐ No
Tobacco ☐ Yes ☐ No Other illicit drugs ☐ Yes ☐ No

Are you presently, or have you ever been, under disciplinary action? School ☐ Yes ☐ No Community ☐ Yes ☐ No

STUDENT CONTRACT

I have read the guidelines contained in the current Auburn Adventist Academy Bulletin and I plan to live in harmony with them.

Signed: student (applicant) date

CONTRACT OF PARENT OR GUARDIAN

I have read the answers to the questions on this application and find that they are correct. I am in harmony with the regulations and policies as stated in the current Auburn Adventist Academy Bulletin and I understand that additional duly-considered and publicly-announced regulations will have the same force as those printed.

Signed: father or male guardian date mother or female guardian date

I understand that factors such as unsuitability for certain work assignments, production levels in industry, unavailability of work, student class schedules and loads, sickness, vacations, lack of enthusiasm for work, special school activities, etc., may reduce the indicated monthly hours of work, thus increasing the monthly cash required.

I understand that I am responsible for this account and that all accounts with Auburn Adventist Academy must be paid in full before any transcripts or diploma will be released. I further agree that a reasonable attorney fee or collection charge will be paid should suit or action become necessary to collect any past due amount. I hereby authorize the release of information from the school applicant previously attended.

Signed: father or male guardian date mother or female guardian date

FAMILY INFORMATION

(Please type or print legibly using blue or black ink.)

	Father • Stepfather • Guardian	Mother • Stepmother • Guardian
Name In Full	<hr/>	<hr/>
Home Address (Street)	<hr/>	<hr/>
City/State/Zip	<hr/>	<hr/>
Home Telephone	<hr/>	<hr/>
High Schools Attended	<hr/>	<hr/>
Occupation/Title	<hr/>	<hr/>
Business Name	<hr/>	<hr/>
Business Address	<hr/>	<hr/>
Business City/State/Zip	<hr/>	<hr/>
Business Telephone/Fax	<hr/>	<hr/>
E-mail	<hr/>	<hr/>
Cell Phone/Pager	<hr/>	<hr/>
Social Security Number	<hr/>	<hr/>
Church Denomination	<hr/>	<hr/>

Grades should be sent to?

Father:

☐ Yes

☐ No

Mother:

☐ Yes

☐ No

Address (if different from above)

PERSONAL STATEMENT

(Please type or print legibly using blue or black ink.)

Why are you applying to Auburn Adventist Academy?

What does Jesus Christ mean to you personally?

Please be thorough in your answers



The day that I found out that I could financially come to Auburn was one of the best days of my life. —Heidi Sargeant

PHYSICAL EXAMINATION

Name _____ Birthday _____ Grade _____

Address _____

Phone () _____

Height: (inches) _____ Weight: _____ Age: _____

Pulse: _____ Blood Pressure: _____ Visual Acuity: Right _____ Left _____

Normal		Abnormal	Examiner's Comments
<input type="checkbox"/>	Head	<input type="checkbox"/>	_____
<input type="checkbox"/>	Eyes (Pupils) ENT	<input type="checkbox"/>	_____
<input type="checkbox"/>	Teeth	<input type="checkbox"/>	_____
<input type="checkbox"/>	Chest	<input type="checkbox"/>	_____
<input type="checkbox"/>	Lungs	<input type="checkbox"/>	_____
<input type="checkbox"/>	Heart	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Neurologic	<input type="checkbox"/>	_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	Physical Maturity	<input type="checkbox"/>	_____
<input type="checkbox"/>	Spine, Back	<input type="checkbox"/>	_____
<input type="checkbox"/>	Shoulders, Upper Extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	Lower Extremities	<input type="checkbox"/>	_____

Assessment

☐ Full participation

☐ Limited participation (describe limitations, restrictions):

☐ Participation contraindicated/not recommended (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

Physician and parent signatures required on back side of form.

Examiner's Certification

Name of Student _____

Date of complete physical exam _____

I certify that the above-named individual's physical condition is adequate to participate in supervised interscholastic activities as checked:

☐ Basketball ☐ Flag Football ☐ Gymnastics ☐ Soccer ☐ Softball ☐ Tennis ☐ Volleyball ☐ Other: _____

Date _____ Examiner's Signature _____

Examiner's Name (Print) _____

Parental Permission

I give permission for any above-named child to participate in the sport(s) approved by the Examiner under the auspices of _____ High School, and authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary during participation and I am not immediately available.

Date _____ Parent/Guardian's Signature _____

Parent/Guardian's Name (Print) _____

DENTAL HEALTH RECORD

Student's Name _____

Parent's Name _____

Mailing Address _____

City _____ State _____ Zip _____

To be completed by dentist:

A. Upon examination, the teeth of above student have been found to need no cleaning, extractions, nor correction for malocclusion.

☐ Yes ☐ No (If no, indicate treatment.)

B. All necessary dental work has been completed for this patient.

☐ Yes ☐ No

C. Have been unable to complete patient because _____

D. Remarks: _____

Date _____ Dentist's Signature _____

Dentist's Name (Print) _____

AUBURN ADVENTIST ACADEMY

Mail to: Auburn Registrar • 5000 Auburn Way S. • Auburn WA 99092 • Phone 253.939.5000 • Fax 253.351.9806 • Toll-Free 888.271.0808



PRINCIPAL RECOMMENDATION FORM

If your school principal doesn't know you well, give this form to a teacher, pastor, or counselor.

(Please mail to the address above when finished. Thank you for responding quickly.)

The confidential recommendation is for: _____

How well do you know this student? ☐ Well ☐ Some ☐ Little ☐ Records only

How many years have you known this individual? _____

Please check the adjectives that most nearly describe the applicant's standing in the areas listed below:

Trustworthiness

- ☐ Very trustworthy
- ☐ Generally trustworthy
- ☐ Tends to be dishonest

Loyalty to Leadership

- ☐ Loyal and dependable
- ☐ Satisfactory
- ☐ Disloyal

Cooperation

- ☐ Helpful
- ☐ Works well with others
- ☐ Critical

Choices of Associates

- ☐ Chooses wisely
- ☐ Somewhat wisely
- ☐ Somewhat carelessly
- ☐ Chooses carelessly

Church Attendance

- ☐ Attends regularly
- ☐ Satisfactory
- ☐ Never attends

Health

- ☐ Very strong and healthy
- ☐ Average health
- ☐ Weak, low vitality

Work Habits

- ☐ Resourceful and enthusiastic
- ☐ Average worker
- ☐ Works only under pressure
- ☐ Not interested in work

Intellectual Aptitude

- ☐ Very quick to learn
- ☐ Learns easily
- ☐ Must study hard to learn
- ☐ Educational disabilities

Character & Integrity

- ☐ Firm, steady, consistent
- ☐ Fairly stable
- ☐ Weak, easily influenced

Christian Experience

- ☐ Active
- ☐ Passive
- ☐ Disinterested
- ☐ Antagonistic

Personal Appearance

- ☐ Well groomed
- ☐ Neat and clean
- ☐ Careless
- ☐ No information

Financial Responsibility

- ☐ Meets obligations promptly
- ☐ Usually meets obligations
- ☐ Does not meet obligations

Do you recommend the applicant as a desirable student for AAA? ☐ With no reservation ☐ With reservation ☐ Cannot recommend

What is your relation to the applicant? _____

Has the applicant within the last year used tobacco? Drugs? Alcoholic beverages? ☐ Yes ☐ No

Explain: _____

Has the applicant, to your knowledge, ever been suspended or asked to withdraw from school? ☐ Yes ☐ No

What school? _____

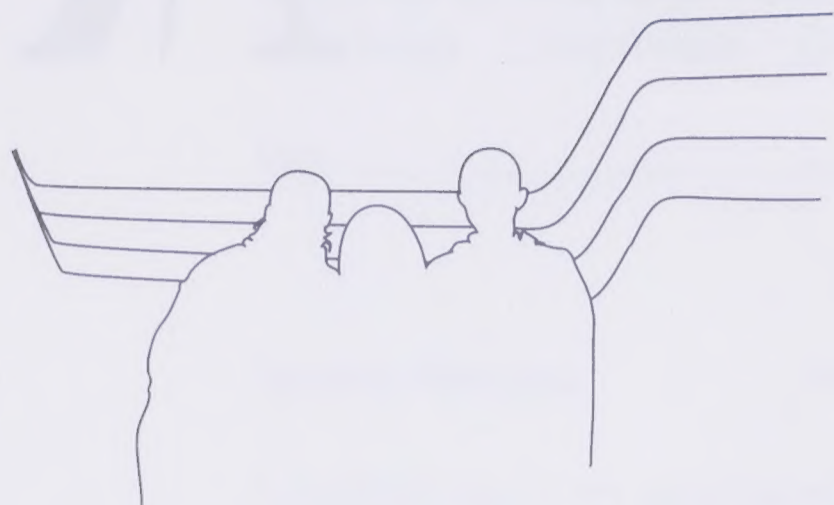
Would you feel comfortable with this individual rooming with your son or daughter? ☐ Yes ☐ No

Your name (please print): _____ Position: _____

Signature: _____ Date: _____ Phone: () _____

Remarks: _____

please tape shut



Ever since I was a little girl in kindergarten, I attended Christian Adventist schools until 8th grade. Last year, my freshman year, I went to a non-Christian school for the first time in my life. I am from Peru, and my family had just moved to America. We did not know of any Christian schools, so my sister, my brother and I went to public school. At camp meeting last summer, I learned from my Spanish pastor that Auburn Academy was a Christian school that I could attend. He knew other students from the Spanish church who were happy at AAA. I realized that being in an Adventist Christian school and getting a Christian education is important because it teaches me to be respectful of others and to grow in love with God. The teachers are dedicated and they encourage love and respect between classmates and especially with God. —Narda Montenegro



From:

Place
Stamp
Here

Registrar's Office
Auburn Adventist Academy
5000 Auburn Way S.
Auburn, WA 98092-7297

AUBURN ADVENTIST ACADEMY

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RECOMMENDATION FORM

Give this form to a teacher, pastor, or counselor who knows you well.

(Please mail to the address above when finished. Thank you for responding quickly.)

The confidential recommendation is for: _____

How well do you know this student? ☐ Well ☐ Some ☐ Little ☐ Records only

How many years have you known this individual? _____

Please check the adjectives that most nearly describe the applicant's standing in the areas listed below:

Trustworthiness

- ☐ Very trustworthy
- ☐ Generally trustworthy
- ☐ Tends to be dishonest

Loyalty to Leadership

- ☐ Loyal and dependable
- ☐ Satisfactory
- ☐ Disloyal

Cooperation

- ☐ Helpful
- ☐ Works well with others
- ☐ Critical

Choices of Associates

- ☐ Chooses wisely
- ☐ Somewhat wisely
- ☐ Somewhat carelessly
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Church Attendance

- ☐ Attends regularly
- ☐ Satisfactory
- ☐ Never attends

Health

- ☐ Very strong and healthy
- ☐ Average health
- ☐ Weak, low vitality

Work Habits

- ☐ Resourceful and enthusiastic
- ☐ Average worker
- ☐ Works only under pressure
- ☐ Not interested in work

Intellectual Aptitude

- ☐ Very quick to learn
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Character & Integrity

- ☐ Firm, steady, consistent
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Christian Experience

- ☐ Active
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- ☐ Well groomed
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Financial Responsibility

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Do you recommend the applicant as a desirable student for AAA? ☐ With no reservation ☐ With reservation ☐ Cannot recommend

What is your relation to the applicant? _____

Has the applicant within the last year used tobacco? Drugs? Alcoholic beverages? ☐ Yes ☐ No

Explain: _____

Has the applicant, to your knowledge, ever been suspended or asked to withdraw from school? ☐ Yes ☐ No

What school? _____

Would you feel comfortable with this individual rooming with your son or daughter? ☐ Yes ☐ No

Your name (please print): _____ Position: _____

Signature: _____ Date: _____ Phone: () _____

Remarks: _____

please tape shut



When I was in military school, it was nothing but discipline. I had no choices. At Auburn Adventist Academy I can share my opinions freely. I enjoy my new school life. One thing I was surprised at is how kind people are. It shows one of the positive aspects of Christian education. Before I came here, I thought Christian education was just the same as other education systems. Now that I've been here awhile, I realize that Christian education is the better option for a teenager. It's worth it. —Young Do Kim



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Personal Appearance

- ☐ Well groomed
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Explain: _____

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What school? _____

Would you feel comfortable with this individual rooming with your son or daughter? ☐ Yes ☐ No

Your name (please print): _____ Position: _____

Signature: _____ Date: _____ Phone: () _____

Remarks: _____

please tape shut



By receiving a Christian Adventist education, God gradually became real to me and I made friends who enjoyed discussing the subject of God openly. When I joined the student body at Auburn Adventist Academy I felt ready to receive a new understanding of God and my personal walk with Him. I wanted a change of pace and perhaps some new friends. It didn't take long before I acquired a couple close friends whose influence impacted me. Currently I am in the process of completing my second year at Auburn. So far I have learned that life becomes a lot more complicated as you get older and can honestly say that I feel the need for God's guidance more and more everyday. —Lindsay Richards



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Request for Official Transcripts and School Records

Date _____

Please fill in the name and address of the school previously attended:

Registrar/Records Office _____

Prior School Numbers:

Phone () _____

Fax _____

name

grade

Has been accepted or is attending Auburn Adventist Academy.

Please forward all educational records needed for this transition.

- ☐ Official Transcripts
- ☐ Withdrawal Grades - (If Mid-term Transfer)
- ☐ Health/Immunization Records
- ☐ Psychological Records
- ☐ Academic Testing Information
- ☐ Discipline Records

If for any reason your school is not able to release these records, please advise us immediately of this situation.

Cordially yours,

Steven A. Davis
Registrar
253-939-5000, Ext. 224

I hereby authorize the release of the educational records for the above named student in accordance with the laws of the state of Washington and in compliance with the Family Educational Rights and Privacy Act of 1974.

I hereby give permission for the behavioral, and any psychological, educational, or IEP records of the above student to be sent to Auburn Adventist Academy.

signature of parent or legal guardian

date

Please submit this form with your application

THE REGISTRATION PROCESS

1. APPLICATION, RECOMMENDATION

Fill out application, enclose a photo and give all recommendation forms to appropriate persons—principals, teachers, pastors or counselors. There is a \$25 application fee from January to July and a \$50 application fee from July to August up until the first of the year. For international students, the fee is \$125 because of the additional paperwork involved. Submit a copy of your last grade report if entering 9th grade. If entering with any high school credits, submit a copy of all grades up to the last semester completed.

2. ADMISSIONS COMMITTEE

Once Auburn receives appropriate forms, Admissions Committee will meet.

3. MEDICAL DOCUMENTS AND FINANCE CONTRACT

After Admissions Committee sends your acceptance letter, fill out and send the medical documents to the campus nurse. Then, contact the Finance Office to make financial arrangements.

4. CLASS SELECTIONS

Contact the registrar for an appointment to make class selections.

5. REGISTRATION DAY

This is the final step. Bring your parent or guardian to complete the final registration forms.

LADIES' DORMITORY

Head Dean
253-249-0134

MENS' DORMITORY

Head Dean
253-249-0135

TRANSCRIPT OR TRANSFER QUESTIONS

Registrar
253-249-0103

FINANCE OR CONTRACT QUESTIONS

Student Finance Office
253-249-0143

STUDENT LABOR QUESTIONS

Student Employment Office
253-249-0108

ACADEMY DAYS, ENROLLMENT QUESTIONS, ANY AND ALL QUESTIONS

(Your One Stop Shop For Answers)
Public Relations Office
253-249-0105
E-mail admin@auburn.org

